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Application Number	101730,567
Filing Date	12/8/03
First Named Inventor	Juan Fallon
Art Unit	1645
Examiner Name	Patricia Laitl
Attorney Docket Number	8016-4 CDR

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioners associated with the Customer Number:  Please change the correspondence address for the above-identified application to: The address associated with  
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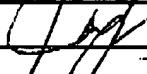
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<input checked="" type="checkbox"/> Firm or Individual Name	JOAN Fallon				
Address	1234 Central Avenue Suite 10				
City	Yonkers	State	NY	Zip	10704
Country	US				
Telephone	914 779-9306	Fax	914 779-1148		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Signature					
Name	Joan Fallon				
Date	3/22/05	Telephone	(914)779-9300		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of \_\_\_\_\_ forms are submitted.

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